

## Foster Family Home - Corrective Action Report

Provider ID: 1-180048

Home Name: Elvissa Pagulayan, CNA

94-284 Loaa Street

Waipahu HI 96797

Review ID: 1-180048-2

Reviewer: Angelica Galindo

Begin Date: 5/29/2019

### Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/29/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/28/19.

6.(d)(1) - see applicable sections of the review

### Foster Family Home

### Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) & 8.(a)(2) - Fingerprint and APS/CAN lapsed for CG#4: due on/before 4/19/2019, done on 4/26/2019.

### Foster Family Home

### Personnel and Staffing

[11-800-41]

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g) - No documentation of competency in basic skills for CG#2 and CG#3 for client #1.

### Foster Family Home

### Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) - No RN delegations for CG#2 and CG#3 reflecting care for Client #1.

## Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Client #1: One medication on the medication administration record did not match prescription label and one medication prescription bottle was not listed on medication administration record. Client #2: 2 medications on medication administration record did not match prescription label.

Aditya RN

Compliance Manager

Chessa Pagulay

Primary Care Giver

5/29/19  
Date

5/29/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Elvissa Pagulayan**CCFFH Address: **94284 Loaa St. Waipahu Hawaii 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1) 8(a)(2)	Lapse cannot be corrected.	4/26/19	Home will use special calendar on Iphone to input all due dates two(2) weeks prior to prevent any future lapses.
41(g)	Basic skills for CG2 and CG#3 was done by CMA case manager and put into the clients record.	6/5/19	Home will notify CMA when RN delegations need to be performed within 24 hours of a caregiver being added to the home. Home has developed in the front of the personnel binder with all due dates.
43(c)(3)	RN delegations was done for CG#2 and CG#3 by clients CMA case manager. It was placed into the clients record.	6/5/19	Home will notify clients that RN delegations needs to be performed within 24 hours of a caregiver being added to the home. Home has developed a calendar in the front of the personnel binder with all due dates.

Primary Caregiver's Signature: Elvissa PagulayanPrint Name: Elvissa PagulayanDate of Signature: 6-14-2019



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Elvissa Pagulayan**

CCFFH Address: **94284 Loaa St. Waipahu Hawaii 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54(c)(5)	Medications discrepancy was corrected by clients CMA, MD, and caregivers on Clients Medication Administration Record for both clients, client #1 and client #2 . Both medications has been corrected on the Medication Administration Record.	6/3/19	Caregivers will look at all medication orders, bottles, and Medication Administration Record to ensure all match before giving new medication . Home will notify CMA, Pharmacy, and /or Doctor if they are different.

Primary Caregiver's Signature: *Elvissa Pagulayan*

Print Name: Elvissa Pagulayan

Date of Signature: 6-14-2019